

TITLE of INVENTION

Non- traumatic saliva ejector tip

CROSS-REFERENCE to SPECIFIC APPLICATIONS

n/a

STATEMENT REGARDING FEDERALLY SPONSORED RESEARCH AND DEVELOPMENT

n/a

REFERENCE to SEQUENCE LISTING, a TABLE, or a COMPUTER PROGRAM

LISTING COMPACT DISK APPENDIX

n/a

BACKGROUND of the INVENTION

The field of endeavour to which the invention pertains is the field of dentistry.

Specific problems involved in the prior art would involve the entrapment and laceration of tissue of the floor of the mouth and specifically the anterior area overlying the salivary glands.

BRIEF SUMMARY of the INVENTION

The existing design of saliva ejector tip very often will suck in the tissue overlying the salivary glands of the anterior portion of the floor of the mouth especially in middle –aged and older patients. This tissue will become entrapped as the tissue is injured and swells up inside the saliva ejector tip. Removal of the saliva ejector is difficult and laborious with patients sometimes showing signs of panic. Once removed, the tissue is invariably red and swollen and often there is bleeding. By perforating the tip with small holes rather than long slits as is presently done, the tissue cannot be sucked in.

DETAILED DESCRIPTION of the INVENTION

There is at present a saliva ejector commonly in use whose tip is designed in such a way as to allow suction and injury to tissues of the floor of the mouth. This occurs because of slits cut in to the tip, which allow for saliva to be sucked in. The length of the slits, however, facilitates the aspiration of tissues of the anterior portion of the mouth where the saliva ejector is most commonly placed. This occurs almost regularly in older patients where the tissue becomes flaccid with age. An improvement to the design would be as follows: the tip of the saliva ejector should be perforated with holes of 1 mm diameter arrayed in the following pattern: 6 circumferentially on the end and 2 mm from the edge, and 2 rows of six holes each around the perimeter. The two rings lie 3mm and 5 mm from the end of the ejector tip. This saliva ejector tip can be manufactured in the same manner as the existing slotted tip (except for the substitution of holes for the slots, as described)and can be fastened to the saliva ejector tube in the same manner as is presently done for the slotted head.